

Ovid Days Color Walk/Run 5K

Waiver and Release

INDIVIDUAL ENTRY FORM WAIVER AND RELEASE OF LIABILITY:

WAIVER: I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. By signing below I am affirmatively representing that I am well trained in the sport of recreational running, am in good physical condition, capable of entering and running this race, and that I am not aware of any medical or health condition, or of any physical defect that would cause me to be unable to run said race, or that would otherwise result in injury to myself or others or aggravate any medical, health or physical condition. I assume all risks associated with running/walking this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, or extreme cold;

all such risks being known or of which I am aware, and which are understood by me. I hereby further understand that and knowingly undertake the risks inherent in the conditions of the road and traffic on or near the course. Having read this waiver and knowing these facts, and in consideration of your accepting my entry to participate in the Ovid Days Color Walk/Run, I, for myself and anyone entitled to act on my behalf, waive and release the Town of Ovid, Ovid Volunteer Fire Department, Anne L. Sittner, and all other sponsors, their representatives and successors or assigns from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of the negligence or carelessness on the part of the persons named in this waiver.

I hereby give my permission to the event organizers and sponsors to use my name and/or picture in a publication, broadcast, or other account of this event without limitation or obligation of further compensation thereof.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ACCEPT ALL RISKS INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY

ACCEPTANCE OF THESE PROVISIONS ACTIVITY RELEASE FOR MINOR PARTICIPANTS

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participants).

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participants).

I agree on behalf of myself, and/or my child(ren) named as minor participants) herein, or our heirs, successors, and assigns, hold harmless and defend the Town of Ovid, Ovid Volunteer Fire Department, Anne L. Sittner and any sponsors or representatives associated with the activities from any claim arising from or in connection with my child(ren) participating in the activities or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the above named organizations and persons, their sponsors and representatives associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

Printed Name/s _____ Signed
by _____ Date _____

Printed Name/s _____ Signed
by _____ Date _____

Minor Name/s _____

Minor Name/s _____

Minor Name/s _____

Minor Name/s _____

Minor Name/s _____

Minor Name/s _____